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Date: Fri, 22 Apr 94 14:43:16 EDT
Subject: Naval Service Medical News (NSMN) 94-13 [R(2640)]

R 220426Z APR 94 ZYB
FM BUMED WASHINGTON DC//00//
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-13)//
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2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Corpsman Awarded Navy Achievement Medal for Actions
NMCL Annapolis, MD (NSMN) -- In a ceremony 21 April 1994,
HM1 David Haldane, leading petty officer of the Physical Therapy
Department at Naval Medical Clinic Annapolis, was presented with
the Navy Achievement Medal by his commanding officer, CAPT Alan
W. Frost, MSC.

Haldane received the medal for his actions on 12 February,
during the season's worst ice storm, when he provided emergency
medical assistance to a woman and her three children when their
car spun off Interstate 95 and rolled down a steep embankment
near Christiana, DE.

Haldane and his family were returning from Lehigh University
in Pennsylvania after volunteering medical support to the U.S.
Naval Academy's Hockey Team when a car about 100 yards ahead of
them left the highway, rolled over twice and landed on its roof.
Haldane instinctively pulled his van off the road and ran to the
overturned vehicle. Another motorist with a car phone stopped
and dialed 911.

In order to help the three screaming children from the back
seat, Haldane had to break the car's rear window. While he
removed the children, their mother, Mrs. Sparrow, crawled from

the driver's side of the car.

Haldane, a nationally registered Emergency Medical Technician, assessed their injuries and found that the children were only slightly bruised. The mother, however, had a large laceration and was bleeding profusely from her forehead. She also complained of neck pain, so Haldane applied a cervical collar around her neck and then helped the family to his van.

Mrs. Debbie Haldane, NMCL Annapolis's ombudsman, was able to keep an eye on the children while her husband applied direct pressure over Sparrow's laceration. Once in the van, out of the freezing cold, Haldane further assessed the woman's injuries. Sparrow, who was eight months pregnant, was worried she might have hurt her unborn baby. Haldane tried to keep her calm while he cleaned the wound on her forehead and they waited for additional help to arrive.

Once on the scene, the paramedics placed Sparrow on a backboard and transported the family to the hospital. When asked what would have happened to Sparrow and her children if he had not seen her car roll off the road, Haldane replied, "The paramedics told me that if I had not been there, Mrs. Sparrow would have waited unassisted for a half hour by herself. There is no telling what could have happened, as cold as it was out there that day."

As to the final outcome, Haldane was happy to report: "She called me on Valentine's Day after getting my phone number from the police officer investigating her accident. She told me 'thank you' and that she and her kids were out of the hospital and finally home. That was a really good feeling!"

Story by LTjg Barbara M. Krauz, MSC, USNR

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HEADLINE: Stewart Selected as Force Master Chief

BUMED Washington (NSMN) -- Navy Surgeon General VADM Donald F. Hagen named HMCM(SS) Michael L. Stewart the Navy Medical Department's Force Master Chief in a ceremony 21 April at the Bureau of Medicine and Surgery.

Stewart, who is currently the Command Master Chief at the National Naval Medical Center in Bethesda, was stunned by his selection to the Force Master Chief position. "I'm absolutely overwhelmed. To be selected from a group of so many great people is a tremendous honor," Stewart said.

Stewart, who will replace HMCM(SS) Charles Williams in July, was selected from a competitive group of finalists. The other four finalists for the Force position were HMCM(SW) Pat Burke, Command Master Chief at the Bureau of Medicine and Surgery; HMCM(SW) John Sandoe, Force Medical Master Chief at Commander-in-Chief U.S. Pacific Fleet in Pearl Harbor, HI; DTCM(SW) Barry Rainey, Command Master Chief at Naval Dental Center San Francisco, CA; and HMCM Charles A. Hammond, Command Master Chief, 2nd Marine Division, U.S. Marine Corps Forces Atlantic, Camp Lejeune, N.C.

"All of these candidates have outstanding qualifications," said current Force Master Chief Williams. "Each one had a distinguished record and would be a great representative of Navy

medicine."

The finalists have a combined total of 104 years of naval service and a wide array of challenging assignments. Each master chief has a favorite duty station that he reflects upon fondly, but none of them would have traded any assignment for the world.

"All of my tours have been phenomenal," said Stewart. "From serving with the Fleet Marine Force to serving as an Independent Duty Corpsman on a submarine to serving in our large shore hospitals, they all have been very rewarding, both personally and professionally."

Stewart says he's impressed by the young enlisted men and women in Navy medicine today. "The technology these young people are using is fascinating, and the responsibilities they have is truly remarkable," he said. Stewart says to stand out in today's Navy you really need to set your goals early and not lose sight of them.

Burke agreed: "Setting attainable goals and looking at the leadership you're surrounded by is crucial. Listen to your leaders and never be afraid to share your ideas."

Change has been one constant for all of the finalists, and they all agree that the Navy has instituted change for the betterment of the service. "Twenty-four years ago I would have never thought that women would have the tremendous opportunities they have today, in terms of equal jobs, equal responsibility and equal recognition," said Burke. "It's certainly a change for the better."

Sandoe added that "the Navy has done a good job of attacking many social issues, from racial problems in the early 70s to the sexual harassment issue today. In many ways the Navy is way ahead of our civilian counterparts."

Stewart is eager to assume the duties of Force Master Chief. "I just hope I can serve all of the wonderful men and women of Navy medicine well," he said. "I'll be working my hardest each and every day."

Story by LT Mark McDonald

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HEADLINE: Leaders in Washington Hear Sailors' Views

MCPON Washington (NSMN) -- Force Master Chief HMC(SS) Charles Williams represented the Navy Medical Department's sailors at the Chief of Naval Operations and Master Chief Petty Officer Advisory Panel in Washington, DC, recently.

The advisory panel, held twice a year, is designed to provide key master chiefs with current policy information from the Navy's top uniformed and civilian leaders and to serve as a forum for exchanging ideas and solving problems.

The panel is comprised of the 12 fleet and force master chiefs. After the initial two days of the seven-day conference, the 39 CNO-directed command master chiefs and the director of the Senior Enlisted Academy also participated. The conference is sponsored by the CNO and hosted by Electronics Technician Master Chief (SW) John Hagan, the eighth Master Chief Petty Officer of the Navy (MCPON).

Chief of Naval Operations ADM Frank B. Kelso kicked off the

panel by meeting with the fleet and force master chiefs in the MCPON's office. He told them that although the world will continue to rely on the U.S. Navy, "The world is not going to let us sit on our laurels. The tough part will be to deal with it with a smaller force, and to figure out how to take care of our people."

Kelso emphasized the need to keep the faith with the Navy's professional career force. When asked about ways to better take care of people, he used transferring as an example. To ease the stress of transfer, Kelso focused on fair and honest treatment of Navy personnel, sponsor program improvement, and consistent, meaningful indoctrination ("I") division training.

He also had words of praise for the fleet sailor. "I am heartened by the safety record, on and off the job, on and off base," the CNO said. "It really makes a statement that the sailor is doing a hell of a job."

In addition to hearing from the CNO, the master chiefs were briefed by the Honorable Edwin Dorn, Assistant Secretary of Defense (Personnel and Readiness); the Honorable John Dalton, Secretary of the Navy; the Honorable Fred Pang, Assistant SECNAV (Manpower and Reserve Affairs); ADM Stan Arthur, Vice Chief of Naval Operations; Ms. Yvonne Harrison, Deputy Assistant SECNAV (Force Support and Families); VADM Ronald Zlatoper, Chief of Naval Personnel; VADM Donald F. Hagen, Navy Surgeon General; and more than 20 other key officials.

Topics briefed and discussed included: the Leadership Continuum, detailing, compensation, quality of life, health care, family issues, career progression, the drawdown ("right sizing"), operational/personnel tempos (OPTEMPO/PERSTEMPO), Naval Home, recruiting, legislation, Navy Exchange and Commissary, equal opportunity, and morale, welfare and recreation.

Zlatoper, talking about the drawdown, said he recognizes that it is of great concern to the career sailor. He emphasized that the Navy has reached the half-way point in its effort to reduce the force from almost 600,000 to about 400,000 sailors. He maintained his stance that the drawdown has been fair and ethical, especially in comparison to the way some corporations terminate employees with little notice and no compensation or benefits.

Paralleling the CNO's goal of taking care of people, the Chief of Naval Personnel stressed the importance of "keeping faith with sailors." For those leaving, our transition benefits prove that "we care about treating them fairly," Zlatoper said. For those staying, he asked the master chiefs to spread the word that the "advancement trend is up."

During conversations with the briefers, it was consistently expressed by the master chiefs that sailors are very concerned that the drawdown will cause increased OPTEMPO/PERSTEMPO. They said that increases in OPTEMPO/PERSTEMPO always have a "direct effect on morale and retention," but when they are anticipated and carefully planned, the negative effects are minimized. The SECNAV, CNO and CNP all expressed their commitment to maintaining six-month deployment goals.

The master chiefs told the Washington-area Navy leaders that

other concerns expressed by sailors include the decreasing purchasing power of their pay and allowances, the increasing attacks on their pay and entitlements, housing issues and anxiety about when the drawdown will end.

As far as what's ahead, the outlook for sailors is especially bright in the leadership arena. "We now have an identifiable leadership style," the CNO said about Total Quality Leadership. All of the Navy's fleet, force and CNO-directed CMCs have completed or are scheduled to attend TQL training for senior leaders. The CNO said that shows "we mean business" when it comes to moving ahead with TQL.

Additionally, the Leadership Continuum program that is being formed will provide regular leadership training for the E-5 to E-9 levels, as well as improved training for command master chiefs. The VCNO said it is especially important to better train and prepare our E-5s and E-6s for their leadership roles.

Closing out the panel, the SECNAV told the master chiefs that he is optimistic that the worst of this "right sizing" period is behind us. He said he realizes that "right sizing is a difficult and disruptive process," yet he is "consistently impressed by how well (sailors) understand the need for right sizing and how much their concerns center around doing their jobs well. Our men and women rise to every challenge," he said.

The SECNAV urged the master chiefs to continue communicating the facts about the right sizing to sailors. "We cannot afford to return to the hollow Navy days of gapped billets, extended deployments and expanded work hours," he added.

In addition to drawdown issues, he talked about sexual harassment and fraternization. "There is no room for sexual harassment or fraternization in the Navy," he said. Emphasizing the point, he told the panel to let sailors know that they should "feel confident they can address the issue with their chain of command and that their complaints will be taken seriously."

The SECNAV supported the consistent theme to take care of sailors by urging the enlisted leaders to "encourage sailors to aspire to, and apply for commissions." Using the career example of prospective CNO ADM Mike Boorda's trek from E-1 to the Navy's top post, he said that sailors "can go as far as they have the ability and drive to go."

Boorda will relieve Kelso as the Chief of Naval Operations in a ceremony 23 April.

Echoing the statements of several briefers concerning the difficult challenge of recruiting young people into the Navy, the SECNAV told the master chiefs to "get the word out that we are still hiring." Even during the right sizing, "the Navy needs to recruit about 56,000 people this year," he said.

The panel is significant for sailors, said the MCPON. "During the week, we get to hear the latest information, straight from the people who make the policy and coordinate the programs that affect sailors and their families. We also let them know what issues concern sailors," he said.

These "superb leaders are genuinely concerned with our views and the welfare of sailors. It is the optimum forum for representing the fleet to the leaders who can solve problems and

make differences in sailors' lives," Hagan explained.

The panel is not the only way the MCPON stays in touch with sailors' issues. He also communicates daily with key master chiefs and Washington-area leaders by phone, facsimile, electronic mail (MCPON Forum), a newsletter (DIRECT LINE), letters, and personal visits. Furthermore, the MCPON has travelled extensively, which allowed him to visit, talk to and listen to thousands of sailors around the world during the 19 months he has been in office.

Former MCPONs will participate in the next panel, slated for August 1994.

Story by JOCS Neil R. Guillebeau

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HEADLINE: Electronic Medical Data Collection Device Tested

NMRDC Bethesda, MD (NSMN) -- Researchers from the Naval Health Research Center in San Diego developed the concept of an automated method of capturing battlefield medical data using an electronic tag worn by combat personnel. This device, called MEDTAG, includes an integrated read/write capability, a backlighted LCD display to present users with menu options, two data entry buttons, an internal clock for time/date-stamping, and a data communications port for transferring information to and from a host computer.

A field evaluation of the operational effectiveness of the MEDTAG prototype demonstrated the benefits of automated battlefield medical data collection. Navy hospital corpsmen used MEDTAG while participating in battlefield and Battalion Aid Station field exercises during Fleet Marine Force training at the Field Medical Services School in Camp Pendleton, CA. In the areas of treatment, patient condition and patient disposition, the MEDTAG device collected the required medical information faster, more accurately and more completely than current manual methods. These features of the MEDTAG enable corpsmen to record the most critical data faster and with greater accuracy, resulting in a higher level of battlefield casualty care.

Story by Naval Medical Research and Development Command

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HEADLINE: Child Abuse Prevention Protects Families

USNH Yokosuka (NSMN) -- Helping children and families is the goal of the Navy's Family Advocacy Program, an important part of the Navy Medical Department. More than 1.5 million dependent children make up the DOD family, and there have been approximately 20,000 reported child abuse cases in the military each year. Half of those were substantiated.

"The numbers indicate that child abuse and neglect among the military may be a reflection of the national population, where the substantiated rate of abuse (also) runs about 50 percent," said a DOD spokesman. More than 2.5 million cases of abuse and neglect were reported last year nationally.

Prevention is the first opportunity to solve the problem of child abuse, officials said. Suggestions for prevention include knowing the signs and symptoms of child abuse, knowing the

procedures for reporting suspected abuse at the installation level, and being an advocate for children. The main thing is to get involved.

The Defense Department handles child abuse prevention and treatment through its Family Advocacy Program available at every military installation. The program isn't just for families. It also provides training and information to installation activities that are involved with children, such as child development centers and family day care homes. Briefings, awareness campaigns and educational programs are just a few of the methods used. Contact your local Family Advocacy Representative through your Family Service Center or medical treatment facility for more information.

Story by Mr. Bill Doughty, U.S. Naval Hospital Public Affairs
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HEADLINE: Grand Round Abstracts

OCHAMPUS Aurora, CO (NSMN) -- The Office of the Civilian Health and Medical Program of the Uniformed Services annually presents a Health Benefits Advisor of the Year award. OCHAMPUS recently honored CDR Jim Kirch, MSC, USN, by naming the award after him. CDR Kirch, who died of cancer 22 January, served most recently as the Navy/Marine Corps Liaison Officer to OCHAMPUS. CDR Kirch was instrumental in laying the groundwork for the Navy's managed care program while at BUMED and, during his tenure with OCHAMPUS, implemented numerous programmatic and operational indirect health care initiatives with significant impact on CHAMPUS program delivery -- benefiting beneficiaries and Health Benefits Advisors from all services around the world.

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CINCPACFLT Pearl Harbor, HI (NSMN) -- Congratulations to HM1 Wendy L. Fischer of 1st FSSG and HM1(AW) Romeo T. Tizon of USNH Okinawa, COMMARFORPAC's representatives in the 1994 Pacific Fleet Sea and Shore (respectively) Sailor of the Year competition. Being finalists for the PACFLT SOY is quite an accomplishment. As PACFLT Commander-in-Chief ADM R.J. Kelly said in his message announcing the winners: "Competition at every level was extremely keen. Each participant should be very proud of his or her professional achievements and well deserved recognition."

Congratulations HM1 Fischer and HM1(AW) Tizon, and to all corpsmen and dental technicians throughout the Navy who were selected as their command's Sailor of the Year.

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JOINT STAFF Washington, DC (NSMN) -- The Chairman of the Joint Chiefs of Staff has awarded the Joint Meritorious Unit Award to Joint Task Force Guantanamo for exceptionally meritorious achievement from 22 November 1991 to 2 July 1993.

Those members of the armed forces who were present during that time and directly participated in the service or achievement for 30 days or more are authorized to wear the JMUA ribbon. Individuals who served less than 30 days may still be eligible for the award if the local commander waives the time requirement

based on individual contributions to the achievement.

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AAMA Southfield, MI (NSMN) -- Two medical service corps officers are among the 1994 State Directors named by the American Academy of Medical Administrators. CAPT David L. Wheeler, MSC, commanding officer of Naval Medical Clinic Portsmouth, RI, was named AAMA's State Director for New Hampshire. CAPT Arthur W. Casper, MSC, director for administration at Naval Medical Center San Diego, was named AAMA's State Director for California.

CAPT Sallee P. Kafer, MSC, director of Clinical Support Services at National Naval Medical Center Bethesda, MD, will continue as AAMA's State Director for Maryland, Virginia, West Virginia and Washington, DC.

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HEADLINE: HEALTHWATCH: Practice Scuba Diving Safety

COMNAVSAFECEN Norfolk, VA (NSMN) -- The tragic loss of three sailors in a single scuba diving mishap last month is a startling reminder of the dangers of high-risk sports. Scuba diving is a high-risk recreational activity. It requires specific specialty and qualification for the type of dive planned. There are no shortcuts.

Here are a few general rules:

- Open water certification is the absolute minimum.
- Never dive without a competent partner.
- Dive with only a full tank and the necessary support equipment such as a knife, weight belt, safety reel and line, spare tank and regulator, buoyancy compensator and underwater lights.
- Before each dive, assess your physical and mental readiness to dive.
- You must plan your dive and dive your plan.
- A lingering cold, an earache or "a few too many" the night before can adversely impact your ability to dive safely.
- If you are unsure whether you should dive or not, then don't. Your life depends on it.

Diving, as with any high-risk activity, should be approached from a risk management perspective. This simple process will help you focus on the hazards and risks at hand.

Recreational divers should apply the same rules as the ones our Navy divers live by: do not enter wrecks or caves in scuba equipment. Unless they have free access to the surface, Navy divers do not enter a space without surface supplied air (air hose). Free access means a diver can travel straight to the surface without being obstructed. The reason for this extra precaution is that if they get lost, injured or trapped, an unlimited supply of air allows time for them to escape or be rescued.

Contact your local dive shop or Morale, Welfare and Recreation director to find out more about scuba diving safety. Story by Commander, Naval Safety Center

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3. Month of May observances and events occurring 27 April-6 May:
27 April: Secretaries Day
28 April: Workers' Memorial Day (see following article)
28 April: Night Detailing until 2200 Eastern Daylight Time
30 April: E-9 Evaluations Due

MAY

Asian-Pacific Heritage Month
National Physical Fitness and Sports Month
Better Hearing and Speech Month
Better Sleep Month
Correct Posture Month
Huntington's Disease Awareness Month
National Arthritis Month
National Asthma and Allergy Awareness Month
National Digestive Diseases Awareness Month
National High Blood Pressure Month
National Melanoma/Skin Cancer Detection and Prevention Month
National Mental Health Month
National Trauma Awareness Month
National Sight-Saving Month
National Bike Month
American Lung Association Clean Air Campaign (check your local ALA for Clean Air Week activities)
1 May: Law Day
1-7 May: Medic Alert Week
2-8 May: Public Service Recognition Week
3 May: VOTE! Indiana State Primary
3 May: VOTE! North Carolina State Primary
3 May: VOTE! Ohio State Primary
4 May - 6 June: 1994 Navy-Marine Corps Relief Society Fund Drive -- "Your Financial Contribution Stays in the Family"
5 May: National Day of Prayer
5 May 1847: American Medical Association began
6-12 May: National Nurses Week -- "Nurses: Charting the Course for a Healthy Nation" -- call (202) 554-4444, x239 for a media kit.
6 May: National Nurses Day
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HEADLINE: Workers' Memorial Day -- 28 April 1994

CDC Atlanta, GA (NSMN) -- Each year, approximately 6,300 workers in the United States die from work-related injuries; costs of such injuries exceed \$83 billion annually. In addition, an estimated 50,000-70,000 workers die each year from occupational diseases. To honor those who have died from occupational injuries or diseases and to recognize opportunities to prevent these deaths, 28 April 1994 has been designated Workers' Memorial Day.

Additional information on causes and prevention of work-related injury and disease is available from the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health, at 1-800-356-4674. Reprinted from the CDC Morbidity and Mortality Weekly Report (MMWR) of 15 April 1994

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